

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 15, 2007
Secretary of State

DOCUMENT# L02000020650

Entity Name: READY SET LEARN, LLC

Current Principal Place of Business:

800 VILLAGE SQUARE CROSSING
SUITE 121
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

760 US HWY 1
SUITE 306
NORTH PALM BEACH, FL 33408

Current Mailing Address:

800 VILLAGE SQUARE CROSSING
SUITE 121
PALM BEACH GARDENS, FL 33410

New Mailing Address:

760 US HWY 1
SUITE 306
NORTH PALM BEACH, FL 33408

FEI Number: 74-3057081 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NEAL, KEVIN A
18198 RIVER OAKS DRIVE
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEVIN NEAL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEAL, KEVIN A
Address: 18198 RIVER OAKS DRIVE
City-St-Zip: JUPITER, FL 33458 US

Title: MGR () Delete
Name: SLATER, CHESTER A
Address: 8330 OLD FOREST ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KEVIN NEAL

MGR

11/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date